FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name ar	2. Issuer Name and Ticker or Trading Symbol Kura Oncology, Inc. [KURA]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									
<u>FORD</u>	124	Kura Oncology, IIIC. [KURA]								Director				10% Ov					
(14)	(Fir	2 D	2. Date of Farlingt Transportion (Month/Day/Mont)								1	Office	er (give title v)		Other (s below)	specify			
(Last)	3. Date of Earliest Transaction (Month/Day/Year) 11/18/2024									Chief Operating Officer									
	RA ONCOI																		
12730 H	4. If Amendment, Date of Original Filed (Month/Day/Year)								r) 6	6. Individual or Joint/Group Filing (Check Applicable									
(Street)						+. II Amendment, Date of Original Fried (Month/Day/Tear)								Line)					
SAN DIEGO CA 92130)										1					
														Form filed by More than One Reporting Person					
(City)	(St	ate) (2	Zip)																
		Table	I - N	lon-Deriva	tive	Secui	rities	Ac	quir	ed, Dis	sposed o	f, or l	Benefic	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea						2A. Deeme Execution if any (Month/Da		n Date, T		action (Instr.	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar			nd 5) Secu Bene Owne		icially d Following	Form: (D) or Indired	Direct ct (I)	7. Nature of Indirect Beneficial Ownership
										V	mount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)		(Instr.	4)	(Instr. 4)
Common	4				S		526(1)	D	\$16.033	\$16.0337(2)		23,184(3)		D					
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	ive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date			Amo Secu Unde Deriv	le and unt of rities rrlying rative rrity (Instr. 14)	8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	/ Or Fo). wnership orm: irect (D) · Indirect · (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Dat Exe	e ercisable	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

- 1. 526 shares were acquired on November 17, 2024 pursuant to the Issuer's Employee Stock Purchase Plan.
- 2. This transaction was executed in multiple trades at prices ranging from \$15.78 to \$16.25. The price reported above reflects the weighted average sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.
- 3. Includes 1,582 shares acquired on May 17, 2024 pursuant to the Issuer's Employee Stock Purchase Plan.

Teresa Bair, Attorney-in-fact for Kathleen Ford

11/19/2024

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.